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CONFIRMATION NO. 6695

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| SERIAL NUMBER 10/686,390 | FILING OR 371(c) DATE 10/15/2003 RULE | CLASS 514 | GROUP ART UNIT 1657 | ATTORNEY DOCKET NO. PC10343B |
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APPLICANTS

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** CONTINUING DATA *****

ou per 3/30/06
 This application is a DIV of 09/708,392 11/08/2000 PAT 6,734,186 which claims benefit of 60/175,161 01/07/2000
 and claims benefit of 60/192,962 03/29/2000
 and claims benefit of 60/217,479 07/11/2000
 and claims benefit of 60/221,014 07/27/2000
 and claims benefit of 60/221,093 07/27/2000

** FOREIGN APPLICATIONS *****

ou per 3/30/06
 UNITED KINGDOM 9926437.6 11/08/1999
 UNITED KINGDOM 0004021.2 02/18/2000
 UNITED KINGDOM 0013001.3 05/26/2000
 UNITED KINGDOM 0016563.9 07/05/2000
 UNITED KINGDOM 0017141.3 07/12/2000

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** 02/02/2004

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|--|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWING 13 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> | | | | |

ADDRESS

28523

TITLE

Compounds for the treatment of female sexual dysfunction

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| FILING FEE RECEIVED 1058 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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